L23000205437

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
Special instructions to	rimig Onicer.	

Office Use Only



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COVER LETTER *

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то:	New Filing Section Division of Corporations	
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SUBJEC	CT: What A Wonderful World, LLC.	
	Name of Limited Liability Company	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Brigitte Bowyer	
	Name of Person	
	Firm/Company	
	2857 Chelsea PL S	
	Address	
	Clearwater, Florida 33759	2023 APR -4
	City/State and Zip Code	PR
	bridget@tampabay.rr.com	<u> </u>
	E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	R-4 AH 4: 214 -Y OF STATE -AHASSEE, FL
	Brigitte Bowyerat (727) 798-9322	24 PATE

Area Code

Enclosed is a check for the following amount:

Name of Person

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate of Status

☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	П	[C]	LE] -	Na	me	:
7.					, -	114	1111	,

The name of the Limited Liability Company is:

What A Wonderful World, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2857 Chelsea PI S	2857 Chelsea PLS
Clearwater, FL 33759	Clearwater, FL 33759

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Name	
2857 Chelsea Pl S		
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Clearwater	FL	33759
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability compday at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity: I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my diffes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Me "MGR" = Manager	Mame and Address; mber	
AMBR	Deleter December	
AWDK	Brigitte Bowyer 2857 Chelsea Pl S, Clearwater, FL 33759	
···		
(Use attachment if necessar	y)	
FICLE V: Effective date, if other n effective date is listed, the dat	y) than the date of filing: April 10, 2023 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 da	iys a
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)